



Disabled Access Hardship Application Form

Building Division

Revised: January 20, 2015

Date: _____

Applicant Name: _____ Permit No: _____

Project Address: _____ APN: _____

I, _____, as the applicant for construction at the above site, hereby request approval for unreasonable hardship for disabled access requirements per Section 3112.A (a) part 2, California Code of Regulations.

For purposes of this exception, an unreasonable hardship may exist when the cost of providing an accessible entrance, path of travel, sanitary facilities, drinking fountains, and public phones is disproportionate to the cost of the project; that is, where it exceeds **20 percent** of the cost of the project without these features. Furthermore, the cost of the project without these features must be less than the ENR US20 Cities average construction cost index (\$143,303.00 for 2014).

The obligation to provide access may not be evaded by performing a series of small alterations under separate permit to areas served by a single path of travel if those alterations could have been performed as a single undertaking. If an area has been altered without providing an accessible path of travel to that area, and subsequent alterations of that area, or a different area on the same path of travel, are undertaken within three years of the original alteration, the total cost of alterations to the areas on that path of travel during the preceding three-year period shall be considered in determining whether the cost of making that path of travel accessible is disproportionate.

INSTRUCTIONS

As applicant for this project, you must provide the information requested on page 2 of this application for City review of your request for "Unreasonable Hardship". All requested estimates for construction shall be completed by the licensed contractor chosen to perform the work on this project. Information and estimates shall be accurate and complete; incomplete applications will delay processing.

I. Please provide the names of all persons responsible for this project.

Contractor: _____ Property Owner: _____

Firm _____ Firm _____

Address _____ Address _____

Phone _____ Phone _____

Signature _____ Signature _____

Applicant: _____ **Tenant:** _____
Firm _____ Firm _____
Address _____ Address _____
Phone _____ Phone _____
Signature _____ Signature _____

II. UNREASONABLE HARDSHIP DETERMINATION:

1. Total cost of construction (w/o disabled access features)\$ _____

(An estimate itemizing the cost of construction shall be attached.)

2. Total cost of accessible features to provide full compliance\$ _____

(An estimate itemizing the cost of each accessible feature shall be provided.)

3. Access features which will not be provided and reason

(Provide additional sheets if needed)

III. ACCESSIBLE FEATURES TO BE PROVIDED:

1. An unreasonable hardship exemption requires the applicant to apply 20% of the total cost in Item #1 of Section II above toward disabled access features.

Specify 20% of Item #1 in Section II above \$ _____

2. The 20% figure identified above shall be used to provide disabled accessible features in the building. The list below prioritizes how the money is to be allocated, Item "A" being the highest priority, "F" being the lowest.

Please provide, **on a separate sheet, a cost estimate** which itemizes the features within each of the priority items listed below. The sum total of this itemization shall be listed below. The sum total of this itemization shall be listed on the line provided for each priority item.

A. An accessible entrance..... \$ _____

B. An accessible route to altered area including disabled parking... \$ _____

C. An accessible restroom for each sex \$ _____

D. Accessible telephones..... \$ _____

E. Accessible drinking fountains, and..... \$ _____

F. When possible, additional elements such as storage and alarms.. \$ _____

Total (should be greater than or equal to item III 1.): \$ _____

----- **FOR CITY USE ONLY** -----

This documentation and determination of unreasonable hardship was considered in consultation with:

Application is: ☐ Approved ☐ Not Approved

By _____ Date _____
Building Official